

108TH CONGRESS
2D SESSION

H. R. 4844

To amend part III of title 5, United States Code, to provide for the establishment of programs under which supplemental dental and vision benefits are made available to Federal employees, retirees, and their dependents, to expand the contracting authority of the Office of Personnel Management, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 15, 2004

Mrs. JO ANN DAVIS of Virginia (for herself and Mr. TOM DAVIS of Virginia) introduced the following bill; which was referred to the Committee on Government Reform

A BILL

To amend part III of title 5, United States Code, to provide for the establishment of programs under which supplemental dental and vision benefits are made available to Federal employees, retirees, and their dependents, to expand the contracting authority of the Office of Personnel Management, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Federal Employee
5 Dental and Vision Benefits Enhancement Act of 2004”.

1 **SEC. 2. ENHANCED DENTAL BENEFITS FOR FEDERAL EM-**
 2 **PLOYEES.**

3 (a) IN GENERAL.—Subpart G of part III of title 5,
 4 United States Code, is amended by inserting after chapter
 5 89 the following:

6 **“CHAPTER 89A—ENHANCED DENTAL**
 7 **BENEFITS**

“Sec.

“8951. Definitions.

“8952. Availability of dental benefits.

“8953. Contracting authority.

“8954. Benefits.

“8955. Information to individuals eligible to enroll.

“8956. Election of coverage.

“8957. Coverage of restored survivor or disability annuitants.

“8958. Premiums.

“8959. Preemption.

“8960. Studies, reports, and audits.

“8961. Jurisdiction of courts.

“8962. Administrative functions.

8 **“§ 8951. Definitions**

9 “In this chapter:

10 “(1) The term ‘employee’ means an employee
 11 defined under section 8901(1).

12 “(2) The terms ‘annuitant’, ‘member of family’,
 13 and ‘dependent’ have the meanings as such terms
 14 are defined under paragraphs (3), (5), and (9), re-
 15 spectively, of section 8901.

16 “(3) The term ‘eligible individual’ refers to an
 17 individual described in paragraph (1) or (2), without
 18 regard to whether the individual is enrolled in a
 19 health benefits plan under chapter 89.

1 “(4) The term ‘Office’ means the Office of Per-
2 sonnel Management.

3 “(5) The term ‘qualified company’ means a
4 company (or consortium of companies) that offers
5 indemnity, preferred provider organization, health
6 maintenance organization, or discount dental pro-
7 grams and if required is licensed to issue applicable
8 coverage in any number of States, taking any sub-
9 sidiaries of such a company into account (and, in the
10 case of a consortium, considering the member com-
11 panies and any subsidiaries thereof, collectively).

12 “(6) The term ‘employee organization’ means
13 an association or other organization of employees
14 which is national in scope, or in which membership
15 is open to all employees of a Government agency
16 who are eligible to enroll in a health benefits plan
17 under chapter 89.

18 “(7) The term ‘State’ includes the District of
19 Columbia.

20 **“§ 8952. Availability of dental benefits**

21 “(a) The Office shall establish and administer a pro-
22 gram through which an eligible individual may obtain den-
23 tal coverage to supplement coverage available through
24 chapter 89.

1 “(b) The Office shall determine, in the exercise of its
2 reasonable discretion, the financial requirements for quali-
3 fied companies to participate in the program.

4 “(c) Nothing in this chapter shall be construed to
5 prohibit the availability of dental benefits provided by
6 health benefits plans under chapter 89.

7 **“§ 8953. Contracting authority**

8 “(a)(1) The Office shall contract with a reasonable
9 number of qualified companies for a policy or policies of
10 benefits described under section 8954 without regard to
11 section 5 of title 41 or any other statute requiring com-
12 petitive bidding. An employee organization may contract
13 with a qualified company for the purpose of participating
14 with that qualified company in any contract between the
15 Office and that qualified company.

16 “(2) The Office shall ensure that each resulting con-
17 tract is awarded on the basis of contractor qualifications,
18 price, and reasonable competition.

19 “(b) Each contract under this section shall contain—

20 “(1) the requirements under section 8902 (d),
21 (f), and (i) made applicable to contracts under this
22 section by regulations prescribed by the Office;

23 “(2) the terms of the enrollment period; and

24 “(3) such other terms and conditions as may be
25 mutually agreed to by the Office and the qualified

1 company involved, consistent with the requirements
2 of this chapter and regulations prescribed by the Of-
3 fice.

4 “(c) Nothing in this chapter shall, in the case of an
5 individual electing dental supplemental benefit coverage
6 under this chapter after the expiration of such individual’s
7 first opportunity to enroll, preclude the application of
8 waiting periods more stringent than those that would have
9 applied if that opportunity had not yet expired.

10 “(d)(1) Each contract under this chapter shall re-
11 quire the qualified company to agree—

12 “(A) to provide payments or benefits to an eli-
13 gible individual if such individual is entitled thereto
14 under the terms of the contract; and

15 “(B) with respect to disputes regarding claims
16 for payments or benefits under the terms of the con-
17 tract—

18 “(i) to establish internal procedures de-
19 signed to expeditiously resolve such disputes;
20 and

21 “(ii) to establish, for disputes not resolved
22 through procedures under clause (i), procedures
23 for 1 or more alternative means of dispute reso-
24 lution involving independent third-party review
25 under appropriate circumstances by entities

1 mutually acceptable to the Office and the quali-
2 fied company.

3 “(2) A determination by a qualified company as to
4 whether or not a particular individual is eligible to obtain
5 coverage under this chapter shall be subject to review only
6 to the extent and in the manner provided in the applicable
7 contract.

8 “(3) For purposes of applying the Contract Disputes
9 Act of 1978 to disputes arising under this chapter between
10 a qualified company and the Office—

11 “(A) the agency board having jurisdiction to de-
12 cide an appeal relative to such a dispute shall be
13 such board of contract appeals as the Director of the
14 Office of Personnel Management shall specify in
15 writing (after appropriate arrangements, as de-
16 scribed in section 8(c) of such Act); and

17 “(B) the district courts of the United States
18 shall have original jurisdiction, concurrent with the
19 United States Court of Federal Claims, of any ac-
20 tion described in section 10(a)(1) of such Act rel-
21 ative to such a dispute.

22 “(e) Nothing in this section shall be considered to
23 grant authority for the Office or third-party reviewer to
24 change the terms of any contract under this chapter.

1 “(f) Contracts under this chapter shall be for a uni-
 2 form term of 7 years and may not be renewed automati-
 3 cally.

4 **“§ 8954. Benefits**

5 “(a) The Office may prescribe reasonable minimum
 6 standards for enhanced dental benefits plans offered
 7 under this chapter and for qualified companies offering
 8 the plans.

9 “(b) Each contract may include more than 1 level of
 10 benefits that shall be made available to all eligible individ-
 11 uals.

12 “(c) The benefits to be provided under enhanced den-
 13 tal benefits plans under this chapter may be of the fol-
 14 lowing types:

15 “(1) Diagnostic.

16 “(2) Preventive.

17 “(3) Emergency care.

18 “(4) Restorative.

19 “(5) Oral and maxillofacial surgery.

20 “(6) Endodontics.

21 “(7) Periodontics.

22 “(8) Prosthodontics.

23 “(9) Orthodontics.

24 “(d) A contract approved under this chapter shall re-
 25 quire the qualified company to cover the geographic serv-

1 ice delivery specified by the Office. The Office shall require
2 qualified companies to include dentally underserved areas
3 in their service delivery areas.

4 “(e) If an individual has dental coverage under a
5 health benefits plan under chapter 89 and also has cov-
6 erage under a plan under this chapter, the health benefits
7 plan under chapter 89 shall be the first payor of any ben-
8 efit payments.

9 **“§ 8955. Information to individuals eligible to enroll**

10 “(a) The qualified companies at the direction and
11 with the approval of the Office, shall make available to
12 each individual eligible to enroll in a dental benefits plan
13 information on services and benefits (including maxi-
14 mums, limitations, and exclusions), that the Office con-
15 sidered necessary to enable the individual to make an in-
16 formed decision about electing coverage.

17 “(b) The Office shall make available to each indi-
18 vidual eligible to enroll in a dental benefits plan, informa-
19 tion on services and benefits provided by qualified compa-
20 nies participating under chapter 89.

21 **“§ 8956. Election of coverage**

22 “(a) An eligible individual may enroll in a dental ben-
23 efits plan for self-only, self plus one, or for self and family.
24 If an eligible individual has a spouse who is also eligible
25 to enroll, either spouse, but not both, may enroll for self

1 plus one or self and family. An individual may not be en-
 2 rolled both as an employee, annuitant, or other individual
 3 eligible to enroll and as a member of the family.

4 “(b) The Office shall prescribe regulations under
 5 which—

6 “(1) an eligible individual may enroll in a den-
 7 tal benefits plan; and

8 “(2) an enrolled individual may change the self-
 9 only, self plus one, or self and family coverage of
 10 that individual.

11 “(c)(1) Regulations under subsection (b) shall permit
 12 an eligible individual to cancel or transfer the enrollment
 13 of that individual to another dental benefits plan—

14 “(A) before the start of any contract term in
 15 which there is a change in rates charged or benefits
 16 provided, in which a new plan is offered, or in which
 17 an existing plan is terminated; or

18 “(B) during other times and under other cir-
 19 cumstances specified by the Office.

20 “(2) A transfer under paragraph (1) shall be subject
 21 to waiting periods provided under a new plan.

22 **“§ 8957. Coverage of restored survivor or disability**
 23 **annuitants**

24 “A surviving spouse, disability annuitant, or sur-
 25 viving child whose annuity is terminated and is later re-

1 stored, may continue enrollment in a dental benefits plan
2 subject to the terms and conditions prescribed in regula-
3 tions issued by the Office.

4 **“§ 8958. Premiums**

5 “(a) Each eligible individual obtaining supplemental
6 dental coverage under this chapter shall be responsible for
7 100 percent of the premiums for such coverage.

8 “(b) The Office shall prescribe regulations specifying
9 the terms and conditions under which individuals are re-
10 quired to pay the premiums for enrollment.

11 “(c) The amount necessary to pay the premiums for
12 enrollment may—

13 “(1) in the case of an employee, be withheld
14 from the pay of such an employee; or

15 “(2) in the case of an annuitant, be withheld
16 from the annuity of such an annuitant.

17 “(d) All amounts withheld under this section shall be
18 paid directly to the qualified company.

19 “(e) Each participating qualified company shall
20 maintain accounting records that contain such informa-
21 tion and reports as the Office may require.

22 “(f)(1) The Employee Health Benefits Fund is avail-
23 able, without fiscal year limitation, for reasonable ex-
24 penses incurred by the Office in administering this chapter

1 before the first day of the first contract period, including
2 reasonable implementation costs.

3 “(2)(A) There is established in the Employees Health
4 Benefits Fund a Dental Benefits Administrative Account,
5 which shall be available to the Office, without fiscal year
6 limitation, to defray reasonable expenses incurred by the
7 Office in administering this chapter after the start of the
8 first contract year.

9 “(B) A contract under this chapter shall include ap-
10 propriate provisions under which the qualified company in-
11 volved shall, during each year, make such periodic con-
12 tributions to the Dental Benefits Administrative Account
13 as necessary to ensure that the reasonable anticipated ex-
14 penses of the Office in administering this chapter during
15 such year are defrayed.

16 **“§ 8959. Preemption**

17 “The terms of any contract that relate to the nature,
18 provision, or extent of coverage or benefits (including pay-
19 ments with respect to benefits) shall supersede and pre-
20 empt any State or local law, or any regulation issued
21 thereunder, which relates to dental benefits, insurance,
22 plans, or contracts.

23 **“§ 8960. Studies, reports, and audits**

24 “(a) Each contract shall contain provisions requiring
25 the qualified company to—

1 “(1) furnish such reasonable reports as the Of-
2 fice determines to be necessary to enable it to carry
3 out its functions under this chapter; and

4 “(2) permit the Office and representatives of
5 the General Accounting Office to examine such
6 records of the qualified company as may be nec-
7 essary to carry out the purposes of this chapter.

8 “(b) Each Federal agency shall keep such records,
9 make such certifications, and furnish the Office, the quali-
10 fied company, or both, with such information and reports
11 as the Office may require.

12 “(c) The Office shall conduct periodic reviews of
13 plans under this chapter, including a comparison of the
14 dental benefits available under chapter 89, to ensure the
15 competitiveness of plans under this chapter. The Office
16 shall cooperate with the General Accounting Office to pro-
17 vide periodic evaluations of the program.

18 **“§ 8961. Jurisdiction of courts**

19 “The district courts of the United States have origi-
20 nal jurisdiction, concurrent with the United States Court
21 of Federal Claims, of a civil action or claim against the
22 United States under this chapter after such administrative
23 remedies as required under section 8953(d) have been ex-
24 hausted, but only to the extent judicial review is not pre-

1 cluded by any dispute resolution or other remedy under
2 this chapter.

3 **“§ 8962. Administrative functions**

4 “(a) The Office shall prescribe regulations to carry
5 out this chapter. The regulations may exclude an employee
6 on the basis of the nature and type of employment or con-
7 ditions pertaining to it.

8 “(b) The Office shall, as appropriate, provide for co-
9 ordinated enrollment, promotion, and education efforts as
10 appropriate in consultation with each qualified company.
11 The information under this subsection shall include infor-
12 mation relating to the dental benefits available under
13 chapter 89, including the advantages and disadvantages
14 of obtaining additional coverage under this chapter.”.

15 **SEC. 3. ENHANCED VISION BENEFITS FOR FEDERAL EM-**
16 **PLOYEES.**

17 Subpart G of part III of title 5, United States Code,
18 is amended by inserting after chapter 89A (as added by
19 section 2 of this Act) the following:

20 **“CHAPTER 89B—ENHANCED VISION**
21 **BENEFITS**

“Sec.

“8981. Definitions.

“8982. Availability of vision benefits.

“8983. Contracting authority.

“8984. Benefits.

“8985. Information to individuals eligible to enroll.

“8986. Election of coverage.

“8987. Coverage of restored survivor or disability annuitants.

“8988. Premiums.

“8989. Preemption.

“8990. Studies, reports, and audits.

“8991. Jurisdiction of courts.

“8992. Administrative functions.

1 **“§ 8981. Definitions**

2 “In this chapter:

3 “(1) The term ‘employee’ means an employee
4 defined under section 8901(1).

5 “(2) The terms ‘annuitant’, ‘member of family’,
6 and ‘dependent’ have the meanings as such terms
7 are defined under paragraphs (3), (5), and (9), re-
8 spectively, of section 8901.

9 “(3) The term ‘eligible individual’ refers to an
10 individual described in paragraph (1) or (2), without
11 regard to whether the individual is enrolled in a
12 health benefits plan under chapter 89.

13 “(4) The term ‘Office’ means the Office of Per-
14 sonnel Management.

15 “(5) The term ‘qualified company’ means a
16 company (or consortium of companies) that offers
17 indemnity, preferred provider organization, health
18 maintenance organization, or discount vision pro-
19 grams and if required is licensed to issue applicable
20 coverage in any number of States, taking any sub-
21 sidiaries of such a company into account (and, in the
22 case of a consortium, considering the member com-
23 panies and any subsidiaries thereof, collectively).

1 “(6) The term ‘employee organization’ means
2 an association or other organization of employees
3 which is national in scope, or in which membership
4 is open to all employees of a Government agency
5 who are eligible to enroll in a health benefits plan
6 under chapter 89.

7 “(7) The term ‘State’ includes the District of
8 Columbia.

9 **“§ 8982. Availability of vision benefits**

10 “(a) The Office shall establish and administer a pro-
11 gram through which an eligible individual may obtain vi-
12 sion coverage to supplement coverage available through
13 chapter 89.

14 “(b) The Office shall determine, in the exercise of its
15 reasonable discretion, the financial requirements for quali-
16 fied companies to participate in the program.

17 “(c) Nothing in this chapter shall be construed to
18 prohibit the availability of vision benefits provided by
19 health benefits plans under chapter 89.

20 **“§ 8983. Contracting authority**

21 “(a)(1) The Office shall contract with a reasonable
22 number of qualified companies for a policy or policies of
23 benefits described under section 8984 without regard to
24 section 5 of title 41 or any other statute requiring com-
25 petitive bidding. An employee organization may contract

1 with a qualified company for the purpose of participating
2 with that qualified company in any contract between the
3 Office and that qualified company.

4 “(2) The Office shall ensure that each resulting con-
5 tract is awarded on the basis of contractor qualifications,
6 price, and reasonable competition.

7 “(b) Each contract under this section shall contain—

8 “(1) the requirements under section 8902 (d),
9 (f), and (i) made applicable to contracts under this
10 section by regulations prescribed by the Office;

11 “(2) the terms of the enrollment period; and

12 “(3) such other terms and conditions as may be
13 mutually agreed to by the Office and the qualified
14 company involved, consistent with the requirements
15 of this chapter and regulations prescribed by the Of-
16 fice.

17 “(c) Nothing in this chapter shall, in the case of an
18 individual electing vision supplemental benefit coverage
19 under this chapter after the expiration of such individual’s
20 first opportunity to enroll, preclude the application of
21 waiting periods more stringent than those that would have
22 applied if that opportunity had not yet expired.

23 “(d)(1) Each contract under this chapter shall re-
24 quire the qualified company to agree—

1 “(A) to provide payments or benefits to an eli-
2 gible individual if such individual is entitled thereto
3 under the terms of the contract; and

4 “(B) with respect to disputes regarding claims
5 for payments or benefits under the terms of the con-
6 tract—

7 “(i) to establish internal procedures de-
8 signed to expeditiously resolve such disputes;
9 and

10 “(ii) to establish, for disputes not resolved
11 through procedures under clause (i), procedures
12 for 1 or more alternative means of dispute reso-
13 lution involving independent third-party review
14 under appropriate circumstances by entities
15 mutually acceptable to the Office and the quali-
16 fied company.

17 “(2) A determination by a qualified company as to
18 whether or not a particular individual is eligible to obtain
19 coverage under this chapter shall be subject to review only
20 to the extent and in the manner provided in the applicable
21 contract.

22 “(3) For purposes of applying the Contract Disputes
23 Act of 1978 to disputes arising under this chapter between
24 a qualified company and the Office—

1 “(A) the agency board having jurisdiction to de-
2 cide an appeal relative to such a dispute shall be
3 such board of contract appeals as the Director of the
4 Office of Personnel Management shall specify in
5 writing (after appropriate arrangements, as de-
6 scribed in section 8(c) of such Act); and

7 “(B) the district courts of the United States
8 shall have original jurisdiction, concurrent with the
9 United States Court of Federal Claims, of any ac-
10 tion described in section 10(a)(1) of such Act rel-
11 ative to such a dispute.

12 “(e) Nothing in this section shall be considered to
13 grant authority for the Office or third-party reviewer to
14 change the terms of any contract under this chapter.

15 “(f) Contracts under this chapter shall be for a uni-
16 form term of 7 years and may not be renewed automati-
17 cally.

18 **“§ 8984. Benefits**

19 “(a) The Office may prescribe reasonable minimum
20 standards for enhanced vision benefits plans offered under
21 this chapter and for qualified companies offering the
22 plans.

23 “(b) Each contract may include more than 1 level of
24 benefits that shall be made available to all eligible individ-
25 uals.

1 “(c) The benefits to be provided under enhanced vi-
2 sion benefits plans under this chapter may be of the fol-
3 lowing types:

4 “(1) Diagnostic (to include refractive services).

5 “(2) Preventive.

6 “(3) Eyewear.

7 “(d) A contract approved under this chapter shall re-
8 quire the qualified company to cover the geographic serv-
9 ice delivery specified by the Office. The Office shall require
10 qualified companies to include visually underserved areas
11 in their service delivery areas.

12 “(e) If an individual has vision coverage under a
13 health benefits plan under chapter 89 and also has cov-
14 erage under a plan under this chapter, the health benefits
15 plan under chapter 89 shall be the first payor of any ben-
16 efit payments.

17 **“§ 8985. Information to individuals eligible to enroll**

18 “(a) The qualified companies at the direction and
19 with the approval of the Office, shall make available to
20 each individual eligible to enroll in a vision benefits plan
21 information on services and benefits (including maxi-
22 mums, limitations, and exclusions), that the Office con-
23 siders necessary to enable the individual to make an in-
24 formed decision about electing coverage.

1 “(b) The Office shall make available to each indi-
 2 vidual eligible to enroll in a vision benefits plan, informa-
 3 tion on services and benefits provided by qualified compa-
 4 nies participating under chapter 89.

5 **“§ 8986. Election of coverage**

6 “(a) An eligible individual may enroll in a vision bene-
 7 fits plan for self-only, self plus one, or for self and family.
 8 If an eligible individual has a spouse who is also eligible
 9 to enroll, either spouse, but not both, may enroll for self
 10 plus one or self and family. An individual may not be en-
 11 rolled both as an employee, annuitant, or other individual
 12 eligible to enroll and as a member of the family.

13 “(b) The Office shall prescribe regulations under
 14 which—

15 “(1) an eligible individual may enroll in a vision
 16 benefits plan; and

17 “(2) an enrolled individual may change the self-
 18 only, self plus one, or self and family coverage of
 19 that individual.

20 “(c)(1) Regulations under subsection (b) shall permit
 21 an eligible individual to cancel or transfer the enrollment
 22 of that individual to another vision benefits plan—

23 “(A) before the start of any contract term in
 24 which there is a change in rates charged or benefits

1 provided, in which a new plan is offered, or in which
2 an existing plan is terminated; or

3 “(B) during other times and under other cir-
4 cumstances specified by the Office.

5 “(2) A transfer under paragraph (1) shall be subject
6 to waiting periods provided under a new plan.

7 **“§ 8987. Coverage of restored survivor or disability**
8 **annuitants**

9 “A surviving spouse, disability annuitant, or sur-
10 viving child whose annuity is terminated and is later re-
11 stored, may continue enrollment in a vision benefits plan
12 subject to the terms and conditions prescribed in regula-
13 tions issued by the Office.

14 **“§ 8988. Premiums**

15 “(a) Each eligible individual obtaining supplemental
16 vision coverage under this chapter shall be responsible for
17 100 percent of the premiums for such coverage.

18 “(b) The Office shall prescribe regulations specifying
19 the terms and conditions under which individuals are re-
20 quired to pay the premiums for enrollment.

21 “(c) The amount necessary to pay the premiums for
22 enrollment may—

23 “(1) in the case of an employee, be withheld
24 from the pay of such an employee; or

1 “(2) in the case of an annuitant, be withheld
2 from the annuity of such an annuitant.

3 “(d) All amounts withheld under this section shall be
4 paid directly to the qualified company.

5 “(e) Each participating qualified company shall
6 maintain accounting records that contain such informa-
7 tion and reports as the Office may require.

8 “(f)(1) The Employee Health Benefits Fund is avail-
9 able, without fiscal year limitation, for reasonable ex-
10 penses incurred by the Office in administering this chapter
11 before the first day of the first contract period, including
12 reasonable implementation costs.

13 “(2)(A) There is established in the Employees Health
14 Benefits Fund a Vision Benefits Administrative Account,
15 which shall be available to the Office, without fiscal year
16 limitation, to defray reasonable expenses incurred by the
17 Office in administering this chapter after the start of the
18 first contract year.

19 “(B) A contract under this chapter shall include ap-
20 propriate provisions under which the qualified company in-
21 volved shall, during each year, make such periodic con-
22 tributions to the Vision Benefits Administrative Account
23 as necessary to ensure that the reasonable anticipated ex-
24 penses of the Office in administering this chapter during
25 such year are defrayed.

1 **“§ 8989. Preemption**

2 “The terms of any contract that relate to the nature,
3 provision, or extent of coverage or benefits (including pay-
4 ments with respect to benefits) shall supersede and pre-
5 empt any State or local law, or any regulation issued
6 thereunder, which relates to vision benefits, insurance,
7 plans, or contracts.

8 **“§ 8990. Studies, reports, and audits**

9 “(a) Each contract shall contain provisions requiring
10 the qualified company to—

11 “(1) furnish such reasonable reports as the Of-
12 fice determines to be necessary to enable it to carry
13 out its functions under this chapter; and

14 “(2) permit the Office and representatives of
15 the General Accounting Office to examine such
16 records of the qualified company as may be nec-
17 essary to carry out the purposes of this chapter.

18 “(b) Each Federal agency shall keep such records,
19 make such certifications, and furnish the Office, the quali-
20 fied company, or both, with such information and reports
21 as the Office may require.

22 “(c) The Office shall conduct periodic reviews of
23 plans under this chapter, including a comparison of the
24 vision benefits available under chapter 89, to ensure the
25 competitiveness of plans under this chapter. The Office

1 shall cooperate with the General Accounting Office to pro-
2 vide periodic evaluations of the program.

3 **“§ 8991. Jurisdiction of courts**

4 “The district courts of the United States have origi-
5 nal jurisdiction, concurrent with the United States Court
6 of Federal Claims, of a civil action or claim against the
7 United States under this chapter after such administrative
8 remedies as required under section 8983(d) have been ex-
9 hausted, but only to the extent judicial review is not pre-
10 cluded by any dispute resolution or other remedy under
11 this chapter.

12 **“§ 8992. Administrative functions**

13 “(a) The Office shall prescribe regulations to carry
14 out this chapter. The regulations may exclude an employee
15 on the basis of the nature and type of employment or con-
16 ditions pertaining to it.

17 “(b) The Office shall, as appropriate, provide for co-
18 ordinated enrollment, promotion, and education efforts as
19 appropriate in consultation with each qualified company.
20 The information under this subsection shall include infor-
21 mation relating to the vision benefits available under chap-
22 ter 89, including the advantages and disadvantages of ob-
23 taining additional coverage under this chapter.”.

1 **SEC. 4. TECHNICAL AND CONFORMING AMENDMENT.**

2 The table of chapters for part III of title 5, United
3 States Code, is amended by inserting after the item relat-
4 ing to chapter 89 the following:

“89A. Enhanced Dental Benefits 8951
“89B. Enhanced Vision Benefits 8981.”.

5 **SEC. 5. APPLICATION TO POSTAL SERVICE EMPLOYEES.**

6 Section 1005(f) of title 39, United States Code, is
7 amended in the second sentence by striking “chapters 87
8 and 89” and inserting “chapters 87, 89, 89A, and 89B”.

9 **SEC. 6. SENSE OF CONGRESS.**

10 (a) FINDINGS.—Congress finds that—

11 (1) oral and vision health and general health
12 and well-being are inseparable and access to dental
13 and vision services is an essential factor in maintain-
14 ing good health;

15 (2) Federal employees and their families de-
16 serve and desire additional coverage options and
17 place value on maintaining good oral and vision
18 health; and

19 (3) it is in the interest of the Federal Govern-
20 ment to remain competitive in attracting and retain-
21 ing highly skilled employees and taking reasonable
22 steps to ensure the health and well-being of its em-
23 ployees.

1 (b) SENSE OF CONGRESS.—It is the sense of Con-
2 gress that health insurance benefits available to Federal
3 employees should be sufficient to promote the health and
4 productivity of all Federal workers and to support the re-
5 cruitment and retention of a highly qualified workforce.
6 To help achieve these goals, Congress should evaluate the
7 supplemental plans established under the Federal Em-
8 ployee Dental and Vision Benefits Enhancement Act of
9 2004 to determine the options for and feasibility of pro-
10 viding an employer contribution.

11 **SEC. 7. REQUIREMENT TO STUDY HEALTH BENEFITS COV-**
12 **ERAGE FOR DEPENDENT CHILDREN WHO**
13 **ARE FULL-TIME STUDENTS.**

14 Not later than 6 months after the date of enactment
15 of this Act, the Office of Personnel Management shall sub-
16 mit to Congress a report describing and evaluating options
17 whereby benefits under chapter 89 of title 5, United
18 States Code, could be made available to an unmarried de-
19 pendent child under 25 years of age who is enrolled as
20 a full-time student at an institution of higher education
21 as defined under section 101 of the Higher Education Act
22 of 1965 (20 U.S.C. 1001).

23 **SEC. 8. EFFECTIVE DATE.**

24 The amendments made by this Act shall take effect
25 on the date of enactment of this Act and shall apply to

- 1 contracts that take effect with respect to the calendar year
- 2 2006.

